EXHIBIT A

3:15-cv-01683-TLW Date Filed 11/04/15 Entry Number 27-1 Page 2 of 2

Rocky Mountain Holdings LLC

PO Box 713375 • Cincinnati, OH 45271-3375

Customer Service: (888) 636-4438

Air Medical Transport Services provided by: Air Methods Corporation

Patient Name: Run Number: **Edward Adams**

14-69911

Notice Date: September 2, 2014

Date of Call:

05/17/2014

Time of Call:

17:07:20

From:

34 01.462'n, 081 28.079'w

To:

Richland Memorial Hospital -

Columbia

Joh Alphin

2110 N Beltline Blvd Columbia SC 29204-3905

Primary Payor:

State Farm

Secondary Payor:

Mcaid SC

Contractual

<u>Description</u>

A0431 Helicopter Rotor Base A0436 Helicopter Rotor Miles Oty. Price
1 22550.13
25 8341.25

Allowance Amount 0.00 22550.13 0.00 8341.25

BALANCE DUE:

\$30891.38

Your insurance provider has not paid this claim. We will continue to pursue your insurance for payment on your behalf, but we ask that you contact your insurance to potentially prevent a denial of your claim.

Unfortunately, if your claim is denied the full balance of this account would become your financial responsibility. Se Habla Español.

Your obligation to make payment on this invoice is governed by North Carolina law.

*Please refer to your run number on all correspondence. -- Please see the reverse side for insurance information. -
WEXLINETOSINVO9

Federal Tax ID #: 870533822

DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

PO Box 2532 Fontana, CA 92334-2532 ADDRESS SERVICE REQUESTED VISA -

Card number plus 3 or 4 digit security code (on back of card)

Cardholder Name

EXP. DATE
/
Cardholder Signature

AMOUNT
\$_____

▼ PLEASE MAKE CHECKS PAYABLE TO **▼**

Rocky Mountain Holdings LLC PO Box 713375 Cincinnati, OH 45271-3375

September 2, 2014

14-69911-JNV09

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Joh Alphin 2110 N Beltline Blvd Columbia SC 29204-3905

PATIENT NAME Edward Adams			AMOUNT DUE \$30891.38
RUN NUMBER	DATE OF SERVICE	STATEMENT DATE	AMOUNT ENCLOSED
14-69911	05/17/2014	09/02/2014	\$